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ORIGINAL DEPARTMENT.

LECTURE.

CLINICAL LECTURE.

BY WILLIAM PEPPER, M. D.,

Lecturer on Clinical Medicine in the University of
Pennsylvania.

REPORTED BY DR. LOUIS STARR.

On Aneurism.

GENTLEMEN.—I take the opportunity of the presence of several patients suffering with forms of this disease, and of several recent specimens illustrating the same, to call your attention to the nature, diagnosis and treatment of internal aneurisms. The two chief localities where, as *physicians* instead of *surgeons*, we are called upon to determine as to the presence of aneurisms are the thoracic and abdominal cavities; and owing to the peculiar position and relations of the great arteries here, you will find that the study of these internal aneurisms, as we call them, when they involve the aorta or any of its primary branches, is much more difficult and interesting than that of external ones. The forms of aneurism met with in the great cavities of the body are the same as occur in more superficial positions. They are usually classed as the *fusiform*, a gradual dilatation of the entire vessel producing an oval tumor; and the *saccular*, where a rounded aneurism springs from one side of the artery, communicating with the vessel by a mouth which varies greatly in size in different cases. Aneurisms are also spoken of as *true*, when their sac is formed in part

or altogether of the coats of the artery; and *false*, when the coats have all been perforated and the sac is formed of condensed cellular tissue and layers of fibrin deposited from the blood inside, and finally *dissecting*, where the blood makes its way *between* some two of the arterial coats and re-enters the vessel at a point some distance below, thus forming an aneurismal tumor contained within the substance of the wall of the artery. But these divisions are of not much practical importance in considering internal aneurisms.

The formation of an internal aneurism is always preceded by disease of the artery. I say *always*, although it may be that in extremely rare cases external violence may cause a traumatic aneurism of a healthy abdominal or thoracic aorta. But for all practical purposes we may assume that there is atheroma of the coats of the aorta before the aneurism is formed. Atheroma is a subacute inflammation of the inner and middle tunics of an artery. It is usually a very slow process. It first causes softening of the inner coat, with exudation between this and the middle coat. At first this exudation is quite firm, and grayish in color; but later it often undergoes fatty degeneration and softening, turns more or less yellow, and may even become semi-fluid, so as to form a sort of little abscess confined under the lining membrane. This is apt to discharge and thus form an uneven ulcerated destruction of the inner coat. Or in other places the exudation gradually undergoes change into hard, brittle, bone-like patches. Atheroma makes the walls of arteries thick and very rigid, but it makes them at the

same time brittle and unable to resist stretching, and thus favors the gradual yielding of the coats of the vessel at some very weak point, so that an aneurism is formed. In many cases atheroma comes on merely as a senile change. In others, it is set up by repeated severe strains upon the vessel, such as occur in men who are obliged to make violent muscular exertions. Atheroma of the aorta occurs very often in cases of cirrhosis of the kidneys; partly from the obstruction to the circulation through these organs, and partly from a tendency which exists in that form of Bright's disease to a general affection of the coats of the arteries. Another disease which frequently causes a form of atheroma is constitutional syphilis, and I am sure we do not yet sufficiently appreciate the extent to which arterial disease is caused in this way. Aneurisms occur far more frequently in men than in women; and are much more common after the age of thirty-five years.

As a general rule the arteries are affected with aneurism more frequently in proportion as they are near the heart. But we also find that there are certain places in many arteries where they are especially liable to appear, because the coats of the vessels are at these points peculiarly exposed to overstrain or external violence.

Of all deep-seated arteries, then, the aorta is most frequently the seat of aneurism, and the points which are oftenest affected are the arch of the thoracic aorta, and the abdominal aorta just below the diaphragm; less frequently the descending thoracic aorta or lower part of the abdominal aorta are affected.

The first illustration of this subject I will show you is of abdominal aneurism. The patient from whom this specimen was removed was admitted to the wards of the Philadelphia Hospital a couple of weeks ago, under the care of my colleague, Dr. Tyson, to whom I owe the opportunity of exhibiting to you the specimen. His only complaint was of weakness, severe pain in small of the back and shooting down limbs, and enlargement of abdomen. On examination a large rounded mass was found occupying the greater part of the left side of the belly. It was painless on pressure, and was the seat of neither pulsation, thrill or murmur. The secretion of urine was free and normal; it never contained a trace of blood. The day before yesterday he suddenly became very

prostrate, with pallor and coldness of surface, and died within twenty-four hours, with all the symptoms of internal hemorrhage. At the autopsy, extensive atheroma of the aorta was found throughout its course. Just below the diaphragm there was a large opening in the left side of the aorta, which communicated with a huge sac, extending from between the crura of the diaphragm down to the level of the third lumbar vertebra, and not less than five inches in its antero-posterior diameter. The walls of this sac were thin, and were made of cellular tissue, the true coats of the artery having quite disappeared. On incising the mass its contents were found to be composed exclusively of blood, in the form of soft coagula. At the lower part of the aneurism was a rupture, from which free hemorrhage had occurred beneath the peritoneum, so that it had burrowed down into the iliac fossa, and had even extended up on to the anterior wall of the abdomen, where it formed a blood-tumor about three inches in diameter and one inch thick. There was no free effusion of blood into the peritoneal cavity. The aneurism had begun so close to the spinal column that it had elevated the left kidney before it. This organ was found lying on the most prominent part of the tumor, loosely attached and entirely separable from it; and the left ureter passed without obstruction over its surface down to the bladder. The nerves emerging from the left side of the spine passed along the mass, and must have been strongly compressed by it. The pressure exerted by the tumor against the spinal column had caused the gradual absorption of the bodies of two of the lower dorsal vertebrae. The coeliac axis was dilated and atheromatous. Below the aneurism the abdominal aorta was highly atheromatous.

I have thus shown you a huge abdominal aneurism, whose presence was revealed during life only by signs of a tumor and by pain. The absence of the usual signs of aneurism, pulsation, thrill and murmur, rendered its diagnosis difficult. It might readily have been mistaken for a cancer of the left kidney, and mistakes of this kind are not rare. In my next lecture I will allude to the chief diagnostic signs of abdominal aneurism, and also to its treatment and modes of termination. You will observe that in this case the termination was by rupture, in such an unusual position as to cause extensive subperitoneal hemorrhage.

COMMUNICATIONS.

A CASE OF CARBUNCLE.

BY DR. J. F. PRITCHARD,
Of Manitowoc, Wis.

N. B., aged 58, American, who has been afflicted with necrosis of the bones forming the nasal cavities, the origin of which has not yet been ascertained, was attacked Nov. 26th, 1871, with severe chills, followed by soreness, pain, and stiffness of the neck, accompanied by a small inflamed tumor on the posterior surface of the neck. This tumor gradually increased in size, and became more painful, until it covered the whole of this surface of the neck, extending from the occipital ridge to the vertebra prominens, or about six inches in length by four in breadth. The tumor was oval-shaped, consisting of a depressed centre, about two and a half by four inches, surrounded by an elevated inflamed border an inch in width.

The centre consisted, when at its full development, of a cartilaginous mass, of a blackish-gray color, entirely devoid of sensibility, and covered, on its surface, with a moist excretion not resembling anything like pus.

The outer ring was of a dark red color, with stringy pus exuding in very many points, and in greater abundance at the juncture of the centre and this border.

The tumor reached this stage of development in about two weeks, and then continued stationary, without regard to applications locally, or internal treatment, till the 19th of December, when a difficult and tedious dissection of the whole dead mass, as far as was practicable, was made. It consisted of a tough, gristly mass, from one-half to three-fourths of an inch in thickness, and caused no pain in removal, unless near the edges, where it was irregular, passing underneath and apparently into the sensitive tissue. It was decided best not to disturb the sensitive portions of the tumor, but leave any portions of this mass not easily removed to slough away later, leaving as much of the integument as possible, thereby avoiding a very large denuded surface and tardy cicatrization.

The portions of dead tissue remaining came away soon after, as anticipated.

Underneath this gristly centre was found a bed of stringy, greenish-yellow pus, which, on being wiped carefully away, showed the

muscular structure of the neck in an apparently healthy state. After this operation, which had to be supplemented by clipping away other smaller pieces of unhealthy tissue as they became loosened, the ulcer began to granulate in a few days, and healed kindly and completely in about three weeks from date of removal of the centre.

Medicinal treatment consisted at first of mercury and potass. iod. internally, with warm poultices externally, and narcotics to relieve pain. This was changed after a fair trial, and as soon as the system demanded it, to tonics, stimulants, and nutritious diet. The tonics and stimulants were increased to large doses at the time and after the operation. He complained of "night sweats" at one time, which were relieved by drinking freely of hard cider. As soon as the whole dead mass was removed, the poultices were discontinued, and resin cerate applied, with straps of adhesive plaster to facilitate the approximation of the edges.

Now, what is claimed for this method of treatment is, at least, not adding to the patient's misery, and causing the spread of the disease by application of strong caustics. Strong caustics, I hold, at no stage of the disease can do good, except, perhaps, as an issue, and even as such are of very doubtful efficacy.

The object should be to promote speedy cure by removal of the offending mass as soon as possible, and assist nature to bear the strain by judicious medication.

In this case constitutional treatment was at first instituted with regard to a probable syphilitic cachexia, and after being continued a reasonable length of time without benefit, was abandoned.

DIAGNOSIS OF SOME OF THE DISEASES OF THE PELVIC VISCERA OF THE FEMALE.

BY DR. H. R. LOWDER.*
Of Indiana.

Of all the diseases incident to the human family there are none, perhaps, attended with greater difficulty of diagnosis than those of the pelvic viscera of the female. In the broad field of gynecology have occurred some of the most hotly contested and ably conducted polemic disputations of which we

* I am indebted to the excellent work of Prof. T. Gaillard Thomas on "Diseases of Women" for a great deal of the subject matter of this article. This paper was read before the Medical Society of Greene County, Indiana.

have any record, either ancient or modern; and these discussions and differences of opinion have prevailed with reference not to the diagnosis only of these diseases. Their pathology, and, consequently, therapeutics, have been the subjects in the consideration of which sects have arrayed themselves on all sides. The inaccessibility of the parts, and the want of means for their exploration and examination have tended to perpetuate the obscurity connected with their pathology, diagnosis, and treatment. Flexions, versions, and neoplasms; prolapsus, subinvolution, and interstitial hypertrophy; inversions, polypl, and sessile tumors; ulceration and epithelioma; endometritis, and parenchymatous affection; pelvic hæmatocele, peri-uterine cellulitis, and pelvic peritonitis have been confounded; and this has not been done by the young and inexperienced only, but by the seniors in the profession, and those who have made gynecology a specialty. Then, in order to avoid, as much as possible, mistakes which would be detrimental to the welfare of the patient, and the attendant's reputation, this field of the physician's labor cannot be too well cultivated. In no department of medicine or surgery has industry, perseverance, and profound study produced such wonderful results. It is to such men as Bennett, Simpson, Wells, and Brown, of Great Britain, and Sims, Atlee, Emmett, Bozeman, and Peaslee, of the United States, that humanity is indebted for the present advanced state of gynecology. They have simplified and perfected the operation of perineorrhaphy, until now it is performed by the profession generally. Urinary fistulæ are no longer regarded as incurable. The indefatigable energy of Sims and Bozeman has rendered failure exceptional, and cure the rule. Ovariectomy, once regarded as almost necessarily fatal, has been placed in the list of legitimate surgical operations, and successfully performed by the world-renowned Atlee and others. Prolapsus has been rendered curable by the application of improved pessaries and the operation of elytrorrhaphy. Thus we see that the sufferings of the poor woman may be alleviated; that instead of passing her days in wretchedness, perhaps as an object of loathing by her husband and friends, if we make proper use of the means placed in our hands by these pioneers in the treatment of female diseases, she may be restored to usefulness and happiness. We

should not regard too lightly, or consider as trivial matters, female affections. Many a woman, from a feeling of delicacy in making known the nature of her afflictions, or, perhaps, on account of the obscurity of the symptoms, which have led her to suppose that her disease is of an entirely different character from what it is in reality, has allowed it to continue without treatment; or, perhaps, mistaking the disease altogether, has pursued improper treatment until her condition has become deplorable, and the foundations of a wrecked constitution been permanently laid. Pain in the back, in the thighs, in the pelvis, and in the stomach; constipation, diarrhoea, functional affection of the heart, indigestion, cephalalgia, and the whole train of nervous affections, which exist merely as symptoms of the primary disease, have all been, singly and collectively, treated; or, perhaps, the unfortunate woman has been charged with hysteria—and I must say that this term has been most scandalously abused. It has served to cover up an abundance of ignorance, or as a means of shuffling off the pains and labor that duty demand.

We will first notice the general means of diagnosis, and then the diagnosis of individual diseases. Affections are differentiated, *i.e.*, they are distinguished from one another by means of symptoms and signs. Those signs which appeal to our reason are called rational signs or symptoms, and those which appeal to our senses are called physical signs. The rational signs are elicited from the recital by the patient of the history of her case, and from answers to questions by the physician. The physical signs are obtained by the means which we will proceed to consider. The position of the patient has a great deal to do with the effectiveness of the examination. The soft bed renders her too inaccessible. She should be placed upon a table turned to the light, and her body covered with a sheet, or, should the use of the table be impracticable, a broad board may be placed under the sheet upon the bed, which will present a hard surface for the patient to recline upon.

1st. *Anæsthesia*.—This is sometimes a valuable means of diagnosis, when the examination is attended with great pain, when it is necessary to relax the tissues, or when the patient is delirious or a malingerer. There are various circumstances which indicate its administration.

2d. *Vaginal Touch*.—This is the most important explorative measure at the command of the examiner. The patient should be placed upon her back, legs flexed, and buttocks near the edge of the table. The index finger, introduced into the vagina, assures the investigator of the perviousness of this passage. The finger reaches the os, which is examined with reference to size, consistency of lips, and other morbid conditions. It is then passed to the side of the cervix, with a view to ascertain any induration, tumor, or abnormal state existing there. The finger should then be slid posteriorly into the recto-uterine space. Should any tumefaction or hardness be found to exist there, it will be retro-version, retro-flexion, the products of inflammation, the results of peri-uterine cellulitis or pelvic peritonitis, sybala in the rectum, fibroid tumor, ovarian tumor, prolapsed ovary, or a hæmatocele. All of these conditions may be excluded with a great degree of certainty, if no tumor is found to exist. The finger should then be passed anteriorly upward and forward along the base of the bladder. Any tumefaction existing there will be ante-version, ante-flexion, stone in the bladder, fibrous tumor, enlargement of the womb, or cellulitis. The ovaries and the pelvic areolar tissue, in every direction, should be firmly pressed.

3d. *Conjoined Manipulation*.—The viscera within the pelvis are very movable, on account of the loose areolar tissue, and the length of the ligaments which bind them to its walls. The hand pressed upon the abdomen about the pubis at the same time that we employ the vaginal touch, will make them descend. The size and tenderness of the womb, any tumor or induration, may be more accurately determined as they are compressed between the fingers of the two hands.

4th. *Abdominal Palpation*.—This measure consists in the employment of both hands externally in determining the nature and character of abdominal tumors.

5th. *The Rectal Touch* is of great value in exploring the posterior walls of the uterus and recto-uterine space. At the same time that it is employed the uterus should be made to descend by pressure upon the abdomen, or a tenaculum hooked into the cervix. The recto-vaginal septum may be examined by what has been designated the "double touch," which consists in introducing the index finger into the rectum, and

the thumb into the vagina, grasping the tissues between them.

6th. *Vesico-Rectal Exploration* is valuable in some cases, but its use is limited. It consists in passing a sound into the bladder, and the index finger into the rectum, and causing them to approximate. It is useful in ascertaining the size of the womb in corpulent women, and in differentiating polypus from inversion.

7th. *The Speculum*.—This instrument is not as valuable as some other means of diagnosis. Its greatest use is in the treatment of female diseases. There are two varieties of specula which are mainly employed, the cylindrical and Sims'. The objections to the first is its difficult use in operations, and the impossibility of probing the uterus through it. The second involves an entirely different principle in its use, viz., the expansion of the vagina by atmospheric pressure. The position of the patient is very important to its successful employment. She should be arranged nearly upon her left side. The left arm should be placed behind her back, so that she will recline partly upon the left side of the chest. The legs should be flexed in such a manner that the right knee will rest just above the left. The lower trochanter should be nearer the examiner than the upper by three or four inches. If the patient assumes this posture, the abdominal viscera will gravitate and draw after them the anterior wall of the vagina. The speculum may then be introduced and the posterior wall of the vagina elevated, exposing readily to view the whole cervix and a good portion of the vaginal wall. Sims' speculum has been modified by Bozeman, Thomas and others, with a view to make it self-sustaining, thereby avoiding so many assistants in operations.

8th. *Uterine Probe*.—The credit of the discovery of the uterine probe as a diagnostic means, or at least the credit of having forced its attention upon the profession, is claimed for Simpson, of Edinburgh, although similar claims are made for Kiwisch, of Prague, and Huguier, of Paris. It has been greatly modified and improved by Dr. Marion Sims. This instrument is of great value, although its use is attended with some danger, in ascertaining the capacity of the uterus, the existence of neoplasms, deviations and displacements, and corporeal endometritis. Prof. Thomas has invented a uterine probe composed of a small flexible rod of rubber

with a knob on the end the size of a buck-shot, for the purpose of measuring the length of the cervical and uterine canals. It is introduced into the cervical canal and passed to the os uteri internum, where it meets with resistance. The measurement is then taken. It is then passed to the fundus and the measurement again taken. Thus we may obtain the length of these two canals, a matter of great importance in differentiating cervical and corporeal hyperplasia.

9th. *Tents*.—To Dr. James Simpson belongs the credit of opening the cervical canal for the purpose of diagnosing and treating diseases of the body of the uterus. In 1849 he placed the use of the sponge tent in the hands of the profession. Although previous to that time Ricarnier had carried his local applications to the cavity of the womb, yet he had only done so when the cervix was dilated by disease. There are two varieties of the tent, those manufactured of compressed sponge, and those of laminaria digitata, or sea-tangle. Each has advantages not possessed by the other. The sea-tangle creates no fetor and presents no animal matter for absorption, but they require a longer time for expansion, and are kept in the cervix with greater difficulty. Dr. Nott, who has experimented with them considerably, arrives at the following conclusions in their favor: They are preferable for moderate dilatation; if placed in warm water a few moments before their introduction they may be bent to conform to the axis of the uterus; from their softness and smoothness they are removed without difficulty, producing no abrasion or irritation; they do not become putrid like sponge tents, and therefore may be retained for a greater length of time. Unless the womb is low in the pelvis the tent should be introduced through the short cylindrical speculum, or one of Sims' varieties. The cervix being fixed and held by a tenaculum, the tent, grasped with a pair of mouse-tooth forceps, is pushed in the direction of the uterine axis, as ascertained by the probe. A mass of cotton is then placed against it to keep it in position, and the woman directed to remain in bed until it is removed, which is accomplished through the speculum in from twelve to twenty-four hours. There are dangers connected with the introduction of the tent pointed out by Prof. Thomas, which I will give in an abbreviated form. 1st. In its introduction no force should be employed. If it fails to pass

to the os internum it should be bent to conform more accurately to the cervical canal, as ascertained by the uterine probe. 2d. The tent should not be introduced at the physician's office, and the patient allowed to go home with it in utero. 3d. Careful investigation should be made as to the previous existence of chronic pelvic peritonitis. Should such have existed the tent should be avoided, as general peritonitis has been known to result from its introduction under such circumstances. 4th. The tent should not be allowed to remain longer than twenty-four hours, and if the desired result has been accomplished, it should be removed in twelve hours. 5th. After the removal of the tent the vagina should be washed out with an antiseptic fluid, and if any pain, chilliness or discomfort follow its removal, perfect quietude should be enjoined, and opium administered. 6th. After its removal the patient should remain in bed twenty-four hours, and not be permitted to travel under four or five days.

There are other means of diagnosis, viz., the endoscope, the exploring needle, the microscope, auscultation and percussion, which are valuable in some cases. Especially is the microscope valuable in the differentiation of malignant growths.

We will now consider the diagnosis of some of the individual diseases of the female; and in doing so will omit those of the vulva and vagina, and take up those of the uterus and some of its appendages.

Acute Endometritis.—The patient complains of pain, weight, and dragging in the pelvis; pain in the back, groin, and thighs; and vesical and rectal tenesmus. After a few days there will be a discharge of a viscid fluid, which soon becomes purulent, and perhaps bloody. Tympanitis, sensitiveness upon pressure, and uterine tenesmus present themselves in severe cases. The discharge sometimes produces pruritus vulva and excoriation of the parts. Examination by the touch shows the vagina hot and dry, unless covered by the discharge above mentioned. The os is found gaping, and the cervix and body tender and swollen. Through the speculum the cervix will look red and swollen. The probe will reveal great tenderness throughout the whole uterine cavity, and touching the fundus will cause a few drops of blood to flow. Conjoined manipulation will discover the whole uterus enlarged and tender upon pressure. The

affections with which it is liable to be confounded are cellulitis, peritonitis, vaginitis, and metritis. The vaginal touch will settle the first three. From parenchymatous disease, or metritis, it will be difficult to diagnose when the muco-purulent discharge is lacking.

Acute Metritis.—The symptoms and signs are the same as in the last mentioned disease, with the exception of the discharge. It is liable to be confounded with pelvic peritonitis, cellulitis, endometritis, and active congestion. From the first it is distinguished by the uterus being movable and by a lack of tenderness existing over the pelvis. From cellulitis it may be differentiated by the absence of a tender mass in one broad ligament or near the womb. In endometritis the uterus is not apt to be enlarged or tender in so marked a degree; the constitutional symptoms are not so great. Its characteristic discharge is the most reliable means of differentiation. From active congestion metritis cannot be diagnosed except by its subsequent progress.

Chronic Cervical Endometritis.—This is the most frequent of all uterine diseases. It may exist for a long time without the knowledge of the patient; even a leucorrhœa somewhat abundant, that has escaped her attention, may be discovered by the practitioner in the vagina. There will be pain in the back, pelvis and loins, and menstrual disorders. Constitutional symptoms will soon develop themselves. The patient becomes nervous and despondent. Indigestion, innutrition, and impoverished blood are the results. Continued congestion of the endometrium and sub-mucous tissue brings on complications. First areolar hyperplasia, or interstitial hypertrophy ensues, and then displacements as a result of the increased weight of the uterus. If the disease is not complicated the vaginal touch will reveal the os in its normal position; the lips will be slightly puffed. Pressure upon the cervix will cause pain most marked near the os internum. Through the speculum a tenacious string of mucus, difficult to remove, will be seen protruding from the os. This is the characteristic secretion of the glands of Naboth, which are imbedded in the region of the mucous membrane of the cervix, and is almost positively significant of this disease. It is important in the treatment to ascertain whether this affection is complicated with

Corporeal Endometritis, which we will

proceed to notice. The symptoms are nearly the same as in the preceding disease. The character of the leucorrhœa is different. It is not so tenacious and thick as the secretion of the Nabothian glands. The products of the utricular follicles are generally mingled with blood, giving the discharge a rust-colored appearance. This is regarded as characteristic of this disease, as the brick-dust expectoration is of pneumonitis. The discharge is apt to be mistaken by the patient as a prolonged menstruation. Menorrhagia and sometimes metrorrhagia may exist, or there may be a tendency to cessation of menstrual flow. In some cases in which the sub-mucous connective tissue is involved, the entire lining membrane of the uterus is exfoliated, constituting membranous dysmenorrhœa. The symptoms of pregnancy are frequently concomitants of this affection, viz., nausea and vomiting, discoloration of the areole, and enlargement and tenderness of the mammae. The uterine probe passed to the fundus will cause pain, and upon its withdrawal a few drops of blood with mucus will follow. Upon conjoined manipulation, the finger placed in the fornix vaginae, or in the rectum behind the body, it will be found to be sensitive and tender. Dilatation of os uteri internum is, also, a valuable sign.

Areolar Hyperplasia.—In this disease the symptoms are very similar to those of corporeal endometritis. The following super-add themselves to those of that affection: pain on defecation, pressure on the rectum, with tenesmus and hemorrhoids, and vesical tenesmus. The vaginal touch will reveal the uterus somewhat prolapsed; the cervix will be swollen and tender, and the os may be dilated so as to admit the finger. If the disease has extended to the body it may be ascertained by placing two fingers in front of the cervix, and pressing upon the abdomen with the fingers of the other hand. If the womb be ante-flexed or ante-verted, it will be perceived, unless the woman is very corpulent, to be enlarged and tender. Upon failure to grasp the womb in this manner, the two fingers should be passed posteriorly to the cervix into the fornix vaginae; if the womb be in its normal position, retro-flexed or retro-verted, it will be readily detected. The cavities should be measured by the probe. If the cervical canal is elongated, and the passage of the sound is resisted at the os internum, the length of the uterine

canal being normal, it is fair to presume that the cervix only is affected. This disease is very generally complicated with endometritis, which is indicated by a leucorrhœa and its concomitant symptoms. It is difficult to diagnose corporeal endometritis with beginning hyperplasia from the early stages of pregnancy. Both are accompanied by darkening of the areolæ, enlargement of the breasts and uterus, nervous derangement, nausea and vomiting; but in one menstruation is not so apt to cease. There is no kiesteine in the urine, there is great tenderness of the body of the uterus, and an abundant leucorrhœa. Peri-uterine cellulitis may be differentiated by the fixedness of the womb and the absence of the signs of interstitial hypertrophy developed by the probe. This affection has been commonly designated by the terms chronic parenchymatous inflammation, habitual hyperæmia, irritable uterus, etc., terms which have been discarded by Prof. Thomas and others, on the ground that they convey a false idea of the pathological condition of this affection, it being characterized by congestion (especially in the first stages), hypergenesis of connective tissue, and nervous hyperæsthesia. They define inflammation to be "an arrest in the process of nutrition, characterized by nervous hyperæsthesia, congestion, effusion of the elements of the blood, and a tendency to suppuration."

Peri-uterine Cellulitis.—This disease is now known to be one of great frequency. It consists in inflammation of the adipose and areolar tissue surrounding the womb, and that extending between the folds of the peritoneum, constituting the broad ligaments. It is most frequently the result of parturition. The symptoms of the acute form are chill, increased local heat, pain, fever, dysuria, painful defecation, and metrorrhagia. The menstrual flow may be increased, if the affection exist at that period. All of these symptoms may not supervene. Subacute cases may exist without chill or fever, or without any symptoms except feebleness and weight in the pelvis. There may be a sensation of throbbing and tension about the womb, which is increased by defecation, urination, and locomotion. By the vaginal touch, the parts will be found very warm, and a feeling of puffiness may be detected. Upon pressure, there will be sensitiveness in different directions, and by conjoined manipulation a particularly tender point will be detected on one side of the uterus. As the second stage ad-

vances an induration, the size of a walnut or goose egg, will be perceived in the same position, or in the broad ligament. This disease may be differentiated from pelvic peritonitis, fibrous tumors, and hæmatocele. Pelvic peritonitis shows the usual signs of peritoneal inflammation, a tendency to relapse at menstrual periods, great pain and tenderness, and hardening of the whole pelvic roof. The uterus is less movable than in cellulitis. Fibrous tumors are painless, free from the symptoms of inflammation, and movable in the pelvis. Hæmatocele is characterized by the symptoms of the loss of blood.

In conclusion, we would say that on account of the advanced state of gynecology, the improvement in the means of diagnosis, and the increased knowledge of the pathology of the various uterine affections, the industrious, energetic, and studious physician may properly differentiate and successfully treat most female diseases. In the last few years the workers in this department of medicine and surgery have bequeathed inestimable blessings to one-half of the human family, as many a wife, once miserable, dejected, and almost abandoned, could readily testify.

HOSPITAL REPORTS.

COLLEGE OF PHYSICIANS, NEW YORK.—CLINIC ON DISEASES OF WOMEN.

BY PROF. T. G. THOMAS.

October 3, 1873.

Dr. Thomas, on opening the clinic, was warmly welcomed by the members of his class. He strongly advised them to take notes, and for their encouragement offered a prize to be awarded at the close of the session. Cases during the coming session will be seen, possibly, not again in 25 years; but, again, they may be the first to put in an appearance after the youthful M. D. has put out his sign, and then a correct diagnosis obtain for him a position high among his fellow practitioners. In consultation out of town, I frequently meet men grown old in practice, and who, from want of system, let pass unnoticed and forgotten cases which it is their duty to publish and enrich medical literature, but they pass by, and if brought to memory again, there are no notes nor anything on which to found a proper history. It is the duty of those now in attendance to record fully the cases which come before them, and which may be of untold benefit.

When I was a student I saw a boy who

had little lumps up and down his shin bone, which resembled closely injuries that possibly might have been received at the hands of the school master. I thought it was in all probability periostitis, but called in my preceptor, who made the diagnosis of erythema nodosum. I saw no similar case for many years after, and when I did it was in hospital practice. My sense of shame at my former failure impressed it on my memory.

To-day some cases will be brought before you of considerable interest, that is, if the patients will permit. In many cases, if we gave the patient the option either of coming before the class with the necessary exposure, or leaving the clinic, they would choose the latter, and in those cases I deem it best to bring them in and make the requisite demonstrations on the black board.

Retroversion of Uterus.

History.—Mrs. M.; is 30 years of age; has had three children and three abortions, the last two years ago; since that has been sterile. Shortly after the last miscarriage she complained of pain over the region of the groin, and a burning pain beneath the pubis. Menstruates regularly, but it is less in quantity. Has no leucorrhœa. Heavy lifting increases the trouble, and for this reason cannot carry her last child. When her trouble began, noticed that her stomach swelled.

Physical Examination.—Placing the patient on her back, and carrying the finger into the vagina, the cervix is found normal. By conjoined manipulation with the other hand over the pubis, no uterus is discovered in its normal position. Posteriorly there is a tumor. This tumor might be a uterine fibroid, pelvic hæmatocele, or, indeed, pelvic cellulitis.

The patient was now placed in Sims' position, and the sound introduced, when it was found to enter the tumor; it, therefore, is retroversion of the uterus. This displacement of the organ is the cause of the sterility and the pain of which the patient speaks. The pain is produced by the stretching of the ligaments. In using the uterine sound to examine a patient, it must be handled as carefully and as gently as if it were a sound introduced into the lachrymal canal.

In respect to the prognosis of the case, we can predict a cure, but not immediately.

Treatment.—I do not propose at the present time to enter into a discussion on the subject of pessaries, but I do say that without their use the subject of gynecology would be emasculated. But in the use of them, it is very important that we understand what we are doing, and understand, also, how to apply them.

In the present case the uterus might be brought into its normal position either by Cutler's pessary (the head of the pessary pressing on the fundus of the organ) or by the ordinary S pessary. There is nothing else to be done; no other trouble to relieve. If there had been congestion, which there is not in this case, it would be removed by the treatment.

Ovarian Tumor.

History.—M. M., aged 25, has had four children, the youngest one ten months old. One month after the last confinement noticed the abdomen began to enlarge, and has increased from that time. Has seen many physicians, but no diagnosis was arrived at. On examining the abdomen we find it enlarged, as if the patient was far advanced in pregnancy. We find that it does not flatten down, as is usual, but has a tendency to be acuminate. On percussion, we get the flat sound, and on passing the hand over the abdomen there is a sound more resembling cracking than anything else. The whole uterine measurement is a little less than normal.

The first question that comes up is, What is it? But it is better for us to say what it is not, and make the diagnosis by exclusion. A correct diagnosis is not always easy. I make mistakes every day, and so will you. But among the various things it might be are—

Pregnancy,
Extra uterine pregnancy,
Hydatids,
Malignant disease,
Fat,
Fibroid tumor,
Fibro-cystic tumor,
Typanites,
Ascites,
Ovarian cyst.

Pregnancy.—The introduction of the sound decides the question in this case. The uterus is small and undeveloped. If there is any doubt we must not leave the uterus unexplored, for it is better to bring on an abortion than cut down on a gravid uterus.

Extra Uterine Pregnancy.—Extra uterine pregnancy is brought forcibly to my mind by a case that entered the service of Dr. Emmett, at the Woman's Hospital in this city. The patient had two children previous to this extra uterine development. When patient came to her term, she sent for her physicians, but they recognized the extraordinary condition, with the movements of the child in the abdomen. After fifteen months she entered the hospital. She was then much emaciated, and an examination of the abdomen disclosed fluid, with some hard body floating in it. The uterus was about normal. Dr. Emmett made an incision, which was followed by a discharge of pus, and, continuing, found a fœtus floating in fluid. The child was not putrid, but was undergoing an atheromatous degeneration. Ten days after the patient died.

Hydatids.—By withdrawing, through a hypodermic syringe, a specimen, we can come to a decision. In the case before us, as you can see, the fluid is a wine color. In hydatids the fluid would not flow through the hypodermic needle.

Malignant Disease.—It is a very difficult matter to decide on malignant disease. You can usually get a hard body rolling around in the abdomen, but in the case before us we have nothing of the sort.

Fat.—Women, as they advance in years, particularly when they cease to menstruate, have a tendency to increase the adipose tissue, and especially is it found over the abdomen. The most satisfactory point in the diagnosis of it is the ability to lift it in masses between the hands.

Fibroid Tumor.—Fibroids are solid, and this one is fluid; not only by fluctuation but by the crucial test of the hypodermic needle.

Fibro-cystic Tumor.—Two years ago a woman of 25 was operated on by me for ovarian disease, but when I opened the abdomen I found that it was a fibro-cystic tumor, adherent to the upper portion of the uterus. However, the patient recovered. In the case before us we can roll the uterus about, and, in all probability, exclude fibro-cystic disease.

Dr. Atlee, who is of great eminence as an ovariologist, suggests the use of the hypodermic syringe to settle the diagnosis in this particular case. After having withdrawn a specimen and placed it under the microscope, if it is fibro-cystic, utero-fibroid cells show themselves. Although this has not been examined in that way, yet I am confident none will be found.

Tympanitis.—The diagnosis will rest on the fact of percussion giving a resonance, which is not so here.

Ascites.—In ascites we have the intestines floating on the top of the fluid, a change of position giving a change in the flatness and resonance respectively.

Ovarian Cyst.—Lastly, we come by exclusion to the ovarian cyst. The hypodermic syringe shows a fluid, which, as you see, is of a sherry-wine color. If it were from ascites, it would be clear, or rather an amber tint. In the introduction of the needle there is nothing to dread. Even if it should penetrate the intestine, no harm would ensue, as has been proved by clinical experience. In the present case we may be in error, but the probabilities are that the diagnosis is correct. So far the patient has no idea how grave the case is, and if we can prevail on an operation, I hope to be able to present her at a future clinic materially reduced in size. The chances of operation are, I think, 8 to 10 in her favor. I shall not insist on an operation if she objects after the facts are laid before her. That will end it.

Malignant Disease—Error Caused by the Hypodermic Syringe in the Diagnosis.

Mrs. B., aged 55. Patient had been complaining for some time of swelling of the abdomen, when she came under observation. There was neither a history of Bright's, nor of disease of the liver. The hypodermic syringe was had recourse to in order to aid us, but though inserted in different portions of the abdomen, nothing was got. The patient was old, and by no means a promising case for operation, particularly when we were so befogged about its character. It might have been hydatids, or it might been? During the time that the case was being deliberated over, patient died, and at the post-mortem

we found nothing more nor less than malignant disease of the omentum, with a large amount of ascites.

When the needle of the syringe had been introduced, it had never penetrated the fatty walls of the abdomen, and by this mistake we avoided giving the patient relief though not cure. An operation of gastrotomy would have been of no avail, but by withdrawing the fluid the distress would have been lessened, and the end, though not prolonged, made much easier.

MEDICAL SOCIETIES.

PROCEEDINGS OF THE NEW YORK PATHOLOGICAL SOCIETY.

At a meeting of this Society, held September 24th, 1873, Dr. E. L. Keyes in the chair, the following items of interest were presented:—

Dilatation of the Stomach.

Dr. R. E. Van Giesen presented a dilated stomach, but said that he merely meant it for a text to the history of an obscure case. The patient was about fifty years of age. During the spring became emaciated, and complained of chills and fever. In August retention of the urine appeared, and lasted, off and on, for a week; at the expiration of this time a free gush of pus took place, followed by complete relief. About a month after this a diarrhoea began, and in a few days patient noticed a sharp pain over the liver. This diarrhoea still kept up, and very shortly after stercoraceous vomiting ensued, with death.

Dr. Austin Flint saw the case in consultation, and was at a loss to make it out satisfactorily. The diarrhoea apparently precluded the idea of intestinal obstruction.

Post-mortem. Upon examining the cavity of the abdomen nothing was visible, but the stomach immensely dilated and crowding the intestines out of sight. It was apparently fifteen inches in length. The small intestines showed no special lesion, with the exception of that portion near the ilio-cæcal valve, which gave signs of inflammation and ulceration. The colon in some parts also yielded similar evidences.

Dr. Van Giesen was of the opinion that there had been an intussusception of some part of the small intestines, and during the autopsy this had been reduced. He had noticed a similar fact in children. If this was not so he could not see any proper explanation of the gravity of the case from pathological evidences.

Dr. Keyes asked if the abscess was prostatic or peri-prostatic, and whether there was any pus in the urine before or after the free discharge of it.

Dr. Van Giesen said that there was only detected pus for a short time when the abscess burst. The abscess was peri-prostatic.

Rare Case of Epithelial Melanoma.

Dr. Hermann Knapp presented an eye which had been removed from a patient about a week ago. It was of interest from the fact that it exhibited *epithelial melanoma*, a disease of great rarity, indeed, there are very few upon record. The history of the case was briefly as follows:—A small tumor appeared on the inner side of the cornea, which, after a time, was removed; shortly after another appeared on the outer side of the cornea. It appeared again at its first site and soon made considerable progress. It was recognized as being malignant, and its removal advised. About a week ago the eye was enucleated. This tumor was found to be pear-shaped, and three or four lines one way, by four or five the other, black in color, adherent to the cornea, and covered by the conjunctiva; although it was situated at the junction of the cornea and sclerotic the iris was not involved. On a microscopical examination it was found that the laminae of the cornea were perfect, but the tumor was making its way between the laminae into the orbit, and what was of especial note was the fact that the lacunae, or cornea corpuscles, were filled with this black matter. The tumor itself was filled with melanotic sarcoma containing cylindrical and spindle-

shaped cells. Eight days after removal a hard tumor appeared in the orbit; this also gave evidences of being malignant. This secondary tumor was removed to-day, and was followed by profuse hemorrhage.

Carcinoma of the Stomach.

Dr. — presented history and specimen of the following case:—The patient was sixty-seven years of age; no family history of cancer. About a year ago complained of dyspepsia and emaciation. This continued with few notable symptoms until shortly before death, when vomiting ensued.

Post-mortem. The pylorus exhibits a marked amount of carcinomatous deposit. The same gentleman exhibited a

Calculus Vesicae.

Patient was twenty-eight years of age, and first complained of bladder trouble three months after being married. After examination the stone was recognized, and it was determined to cut. During the operation, it is inferred from the future history of the case, the rectum was bruised, inasmuch as it sloughed shortly after, and there can be no doubt that it was safe from the knife during the operation. Eventually it healed up and everything progressed favorably.

EDITORIAL DEPARTMENT.

PERISCOPE.

On Facial Ulcers, Sycois, and Acne.

Dr. E. D. MAPOTHER, Surgeon to St. Vincent's Hospital, Professor and Member of Council, Royal College of Surgeons, and late Examiner in Surgery, Queen's University, says, in the *Medical Press and Circular*:—

I have lately treated an ulcer involving the greater part of the left half of the face, and the case seems to me worthy of record. The patient was a healthy married lady, æt. 38. Eight years previously the ulcer had formed, and never had completely healed, although its size had, on three occasions, lessened considerably. The surface was shining and level, without any defined granulations. The edge was somewhat irregular. It was painless except when dressings were being removed. There was no glandular enlargement, nor the least interference with health. The surface was dressed with a mixture of citrine ointment, and one-eighth part carbolic acid, poulticing with bread and water being substituted when the surface became tender. Donovan's solution was ordered in thirty-drop doses thrice daily. Under this treatment the ulcer healed in about five weeks, leaving a scar a little darker in tint

than the skin, and with an edge slightly puckered, somewhat in the manner of keloid. It has now remained in the same state for three months.

I have since treated a lady in the suburbs for an ulcer near the outer canthus, which presents more of the characters of Jacob's ulcer. It was about as large as a sixpence, covered with a brown fetid scab, and had existed for over ten years, beginning when the patient was fifty-five. This patient was a great sufferer from gout, and from its frequent concomitant, eczema of the legs. Having poulticed off the scab, I used the same ointment and medicine as in the former case with success, so far as I can judge, for it is possible the ulcer may re-open. Ever since Jacob described rodent ulcers, in 1823, excision has been regarded as the sole remedial step, but in some cases it is not available. For instance, the ulcer was too large in the first case detailed, and in the second the patient refused to submit to operation, as she had done six years ago when the suggestion was made by a most eminent consulting surgeon.

The same local application and alterative have cured a case of sycois menti which was lately under my observation. The disease was not parasitic, but most obstinate

and extensive. Before I tried citrine ointment and carbolic acid, with Donovan's solution internally, I had used lotions of chloride of mercury, cyanide of potassium, and several other applications, without any benefit.

It is right to acknowledge that Donovan's solution has proved worthless in several cases of acne which I have treated at St. Vincent's Hospital, and in private practice. Two of the patients were females, who menstruated regularly, and showed every other sign of general health. The disease was simple acne without suppuration or much obstruction of the sebaceous glands. One was completely cured, and the other greatly benefited, by the drinking of the Lisdoonvarna sulphur water, and the use of it twice daily in bathing the face.

The Nitrite of Amyl in Epilepsy.

Dr. CRICHTON BROWNE has contributed to the last volume of "West Riding Lunatic Asylum Medical Reports" a paper in which he describes his experience in the use of nitrite of amyl in epilepsy. The results at which he has arrived are mentioned in the *Medical Press and Circular*:—

Being engaged in tracing out the areas of blushing as induced by nitrite of amyl in different individuals and under different circumstances, with a view to elucidate the laws regulating the diffusion of that form of emotional expression, Dr. Crichton Browne was struck by the fact that the degree and extent to which the blushing caused by nitrite of amyl is manifested are influenced by certain pathological states. He found that general paralytic patients may inhale a considerable amount without displaying any marked flushing, even of the face, and that epileptics cannot breathe the smallest quantity without exhibiting extreme cutaneous hyperæmia over the face, neck, and chest. Guided by these observations and by an ingenious argument founded upon them, he was led to conclude that if the nitrite of amyl could be given immediately before an epileptic fit, the spasm of vessels might be prevented, and so the whole sequence of morbid events averted. "And," as he forcibly remarks, "a fit averted in epilepsy is no slight gain; it is, in fact, a step made towards recovery, and a postponement of those degenerative consequences which are, as a rule, developed in proportion to the frequency and severity of the fits. To interrupt a pathological habit is to give a chance of recovery; to control the fits is to limit the destructiveness of epilepsy." In several cases in which the nitrite of amyl was administered immediately after an aura the usual fit did not supervene, and in one case in which it was administered regularly three times a day, a series of fits from which the patient was suffering was abruptly interrupted. In rabbits, too, rendered artificially epileptic by Professor Ferrier, it was noted that the fit which invariably followed on electrical irritation applied to the exposed

brain when no interference took place, was arrested by the inhalation of nitrite of amyl. "The result of all my experiments is to convince me," says Dr. Crichton Browne, "that it will be found invaluable in many cases in not only postponing but in altogether preventing epileptic seizures. The utility of an agent possessing this power can scarcely be exaggerated. It will, I believe, supersede other methods of attempting to avert the fit by acting upon indications afforded by the aura. Pressure upon, or ligature of a limb, section of a nerve trunk, or cauterization of the surface from which an aura originates have done good service in certain cases, in hindering the accession of seizures, but the nitrite of amyl appears to be a more ready and certain means for compassing the same end. A vinaigrette or small stoppered bottle containing a sponge soaked in nitrite of amyl and carried in the pocket, so as to be at hand on the occurrence of an aura, will, I think, be found a safeguard to many sufferers from epilepsy. Whenever there is time after the initiation of the aura, and before the development of the proper phenomena of the fit, to breathe the nitrite of amyl freely, the fit, with its terrible accompaniments and disastrous sequelæ, may, in many instances, be not merely postponed but abolished."

But there is another epoch in epilepsy besides the pause between the aura and the fit, when, according to Dr. Crichton Browne's experience, the nitrite of amyl may prove beneficial, that is, at an advanced stage, when the alarming condition, the *status epilepticus*, is developed. In ten cases of the *status epilepticus* the nitrite of amyl has been used, and eight of these have terminated in recovery. Under its influence several patients have rallied from what was apparently a hopeless condition. Whenever it is inhaled the breathing becomes freer, the circulation is relieved, and the seizures are diminished in frequency and severity. It appears to act with a directness and certainty that cannot be ascribed to any other remedy hitherto employed in the *status epilepticus*.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—The Boylston Prize this year was awarded Dr. WM. C. DABNEY, of Charlottesville, for his Essay on The Value of Chemistry to the Medical Practitioner. It is a carefully prepared exhibit of the numerous applications of chemistry to diagnosis, pharmacy and therapeutics, and ably sustains the writer's views.

—A writer in an English exchange gives some notes on the relative value of various

recent foreign works on therapeutics. Among others he mentions Nothnagel's *Arzneimittellehre*, which is very valuable from the full account it gives of the physiological action as well as the therapeutical employment of the German official remedies. Binz's *Arzneimittellehre* also gives the physiological actions of remedies in a more condensed form, and both of these are very serviceable and much to be recommended as supplementary to English text-books, in which the subject is either treated in the most cursory manner or not at all. Posner's *Handbuch der Klinischen Arzneimittellehre* is a book of the same kind as most English handbooks of therapeutics. Buchheim's classical work is out of print, and is not very easy to obtain second hand. Trousseau and Pidoux's *Traite de Therapeutique et de Matiere Medicale*, and Gubler's *Commentaire du Codex Medicamentarius*, are both works of reference; while Rabuteau's *Elements de Therapeutique et de Pharmacologie* is a convenient handbook, giving both the physiological action and therapeutic uses of drugs. The arrangement, however, is purely therapeutical; and the same substance is sometimes treated of in different parts of the book, some of its actions being considered in one place and some in another.

BOOK NOTICES.

An Essay on the Principles of Mental Hygiene.

By D. A. GORTON, M. D. Philadelphia: J. B. Lippincott & Co., 1873. 1 vol., cloth, 3vo. pp. 22.

Dr. GORTON has chosen an excellent subject, one on which there is a real demand for full information. We wish we could say we have been satisfied in reading his treatment of it. In point of fact, we have not been at all so. To speak plainly, he fills his pages with too much twaddle from Emerson, and Buckle, and various sermons, to the exclusion of sound medical doctrine; and he serves up crude personal notions of his own, on religion and sociology, which are out of place. His own mind floats apparently in a vague medium between Emerson's mysticism and Maudsley's materialism, these being the two writers he is constantly quoting. Occasionally he introduces astonishing original observations, as this (page 158): "The religious character of Christ has *probably* no equal in beauty in human history!" (The

italics are ours. We feel obliged to emphasize the author's caution).

In his talk about material laws "subordinating human volition" (p. 31), "holding the mind in subjection" (p. 17), presiding as destiny over the mind (p. 15), and so on, he makes the school-boy mistake committed by Buckle, and so repeatedly exposed, of confounding the ideas of natural law and human law. How often will it have to be repeated that natural laws carry with them no idea whatever of necessity or compulsion, but only *uniformity of sequence*; that, so far as they relate to sociology, they impose nothing on the volition, but are simply observed results of volition.

The general plan of the book is to treat first of mental influence on physical agents, then of the reciprocal influences of corporeal and mental exercises, then of moral and religious influences, and finally of marriage. We are sorry that we cannot praise the way in which this plan, a good enough one, is carried out; but it impresses us as unsatisfactory and inadequate to the last degree. More science and less sentimentality would have made it a better book.

A Manual of Midwifery, including the Pathology of Pregnancy and the Puerperal State.

By Dr. KARL SCHRÖDER. Translated from the 3d German edition by CHARLES H. CARTER, B. A., M. D., B. S. Lond., etc. With 26 engravings on wood. New York: D. Appleton & Co., 1873. 1 vol., cloth, 8vo. pp. 388. For sale by Porter & Coates.

This work has met with a highly favorable reception in Germany, and it needs but a cursory inspection to see that it is a book of solid merit, the fruit of painstaking study and abundant original observation of the phenomena of obstetrics. In plan it is divided into eight parts, as follows: The bony pelvis, the physiology of pregnancy, of parturition, of the lying-in state, the pathology of pregnancy, the pathology and therapeutics of parturition, the special pathology of parturition, and the pathology of childhood.

The style is condensed but clear. No words are wasted, and an unusual completeness of treatment is gained by a careful disposition of subordinate facts. Theories on disputed points are given with great brevity. At the close of each section full references to the literature of the topic under consideration

are inserted. The illustrations are not a conspicuous feature. For a text-book they might have advantageously been better and more numerous. So far as we can judge, the translation is faithful, and in most parts fluent and correct.

Lacerations of the Female Perineum; and Vesico-Vaginal Fistula: their History and Treatment. By D. HAYES AGNEW, M.D., etc. With numerous illustrations. Philadelphia: Lindsay & Blakiston, 1873. 1 vol., cloth, 8vo. pp. 141.

A portion of this volume appeared in the pages of this journal several years ago, and attracted considerable attention on account of the novelty of the procedures recommended and the satisfactory nature of the results accomplished. Subsequently the author contributed a supplementary paper on the same topic to a volume of the Pennsylvania Hospital Reports, and in the present publication he has united these essays and placed them in a shape more accessible to the general professional reader.

The volume is abundantly illustrated, with full descriptions both of the surgical sections and the instruments employed. The labors of Professor AGNEW in this branch are so well known and highly esteemed that any descriptions of his method in this place is unnecessary.

Transactions of the Medical Society of the State of Pennsylvania at its Twenty-fourth Annual Session, June, 1873. 1 vol., paper. pp. 314.

On the whole this volume is rather deficient in interest compared with former ones. Of the scientific articles we have previously referred to Dr. WM. GOODELL'S comprehensive summary of gynecology. Dr. BENJAMIN LEE calls attention to whooping cough as an occasional cause of spinal caries. Dr. LAURENCE TURNBULL gives statistics of 291 cases of diseases of the ear.

Nineteen county societies sent in reports. They are generally meagre. Dr. BETZ, of Cumberland County, contributes some practical remarks on thermometry in typhoid fever. The report from Lycoming contains a number of cases well described. That from Philadelphia County is chiefly meteorology and statistics. That from Schuylkill County contains observations on small-pox and miscellaneous diseases, and evinces care in pre-

paration. Besides these, there are none meriting special comment. The report of the Committee on Compulsory Vaccination is not satisfactory, either in its statements or its theories, and does not bear criticism. That the failure of vaccination to protect as efficiently as it did in Jenner's time is owing to the depreciation of humanized virus is a narrow, and, we may say, an exploded view.

Transactions of the Minnesota State Medical Society, 1873. Paper. pp. 119.

The principal articles in this volume are Insanity as a Symptom of Brain Disease, by Dr. C. K. BARTLETT; the Relations of Physicians to the Public and Each Other, by Dr. W. W. MAYO, the President; Tests for Arsenic, by Dr. FERDINAND LESSING; Catarrhal Inflammation as an Element in Uterine Disease, by Dr. FRANKLIN STAPLES; Phthisis as Related to Syphilis and Scrofula, by Dr. H. C. HAND, of St. Paul; reports on Obstetrics, on Surgery, on Diseases of the Nervous System, and on Practical Medicine.

The Student's Guide to Medical Diagnosis. By SAMUEL FENWICK, M.D., F.R.C.P., etc.

From the third revised and enlarged English edition. With illustrations on wood. Philadelphia: Henry C. Lea, 1873. 1 vol., cloth, 8vo. pp. 328.

The occasion of the production of this book was to assist students in attendance on the author's clinical lectures at a London hospital. It is elementary, concise, free (as far as practicable) of technical terms, and includes all the more common diseases. The classification adopted is that of organs, the order being diseases of the heart, lungs, throat, kidneys, liver, stomach, abdomen, and brain; then fevers, rheumatism, gout, and diseases of the skin. The morbid anatomy of each is briefly described, with an eye to use in post-mortems; and then the leading symptoms are stated, one after another, with their significance, both as to what diseases their presence excludes and renders probable. This is probably as convenient an arrangement for a student as can be devised, as it is simplicity itself, and also has the advantage of impressing on his mind the relative importance of the symptoms themselves. Instrumental diagnosis is not much represented. The wood cuts are chiefly of pathological lesions, many of them representations of microscopical sections.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, OCT. 25, 1873.

A. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

Medical Societies and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be practical, brief as possible to do justice to the subject, and carefully prepared, so as to require little revision.

Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

THE LAWS OF EPIDEMICS AND PREVENTIVES.

The eminent botanist of Geneva, ALPHONSE DE CANDOLLE, has recently written a work entitled *Histoire des Sciences et des Savans depuis deux Siècles*, which has a peculiar interest to physicians. His object in writing it is to display the laws of inheritance and selection in their action on the human species, and his breadth of views, profound knowledge of natural science, and charming style, render it one of the most attractive books we have got hold of in a long while.

One of the essays in it we wish particularly to bring to the notice of thoughtful medical men, namely, the sixth, which is entitled, "On the necessary alternation in the intensity of maladies, and in the value of preventives, such as vaccination."

It must have impressed every one of our readers, and even the general mind of the public, that the recent epidemics of small-pox in America and Europe are hardly to be explained by the neglect of vaccination. Indeed, very generally, the theory has been advocated that the Jennerian virus has "run out," or exhausted itself somehow, and a general recourse was recommended to "bovine virus," a recommendation in which

this journal did not sympathize nor aid, because all proof of its necessity was wanting, as we have repeatedly demonstrated.

Certainly the prevalence of small-pox was not altogether accounted for by neglect of vaccination. A better explanation is possible. Medical history shows that the first visit of an epidemic is the most severe, and that it diminishes in intensity from generation to generation. This is because the constitutions most predisposed to its fatal attacks succumb at the outset, and by a process of natural selection, those least so transmit their immunity to their children. Atavism develops occasionally great liability to the morbid influence, and such individuals are again removed by the disease. At length, not enough predisposed persons remain in a community to furnish food for the epidemic.

Now, if a preventive measure, such as vaccination, is employed, it, combined with the result of natural selection, materially hastens this immunity. So it was with this means. When first used, Europeans had been for so many generations exposed to the poison of small-pox that, thanks to the principle of selection, they could resist tolerably well its effects. Vaccination rendered the disease for two generations really very rare. Many individuals who, through atavism, had inherited a fatal liability to it, were never exposed. Their children received from them this liability; until there were in the present generation very many far more sensitive to the variolous poison than in Jenner's days. On them vaccination has a less protective power than on others, and a certain recrudescence of the epidemic was sure to manifest itself.

These alternations in the fatality of epidemics and the efficacy of preventives will be more plainly visible in proportion as the disease is more fatal, and the more liable to attack children. Hence, it is seen clearly in the periodic epidemics of diphtheria, which sweep over the land with intense malignity about every other generation, weeding out

most of those children who, by atavism, have been born with a peculiar susceptibility to its poison.

There is no occasion in the recognition of this law to find cause for depreciation of vaccination as a prophylactic means. We learn its limits, and understand all the better its positive efficiency within these limits. But the lesson bids us beware of that presumption which might lead us at any time to think that in this or in any other preventive means we have discerned an infallible and absolute method to stamp out a disease once and forever. Any such idea is the product of a defective knowledge of the laws of the human constitution, and of the general principles of evolution as applied to organic bodies.

NOTES AND COMMENTS.

Sanitary Condition of Memphis.

It would seem that the sanitary condition of Memphis was such as to invite the terrible visitation of yellow fever that it is now suffering from.

In an article discussing the character of the malignant fever in Memphis, Tenn., which attacks whites and blacks with equal severity and fatality, the *Memphis Appeal* says: "We have no system of sewerage in Memphis, and the necessary consequence is that the filth of the city is left to take care of itself. Our sanitary police consists, for the most part, of some half dozen of the chain-gang, who occasionally do little more than emancipate the confined odors of the kennels of Main street, and give wings to imprisoned effluvia. Our alleys and obscure streets are left to the rag-pickers, to porcine and canine scavengers, to cleanse them of their superfluous foulness, and were it not for the rains of pitying heaven, would of themselves give abundant employment to our undertakers and grave diggers. And yet these are the least of the objectionable features touching the violation of the laws of hygiene in Memphis. Nearly every family in the city is dependent upon a cistern for its supply of water; nearly every cistern is in the same yard, in close proximity to, and generally in a direct geographical line with,

the privy. No intelligent man need be told of the percolative and absorbent qualities of the earth, and no Memphian need be reminded of the difficulty of finding cistern water in the city free from the impurities of animalculæ induced by decomposition. The train of evils following these disagreeable truths will suggest themselves to the intelligent reader without further elaboration. The great question with us now is to apply the remedy, and no time is better to awaken the community to a proper sense of the situation."

Blood Granules.

We do not hear anything more of "Löffler's Corpuscles." But Dr. REISS, in a recent number of Reichert's *Archiv*, says that on examining the blood of patients in acute diseases, such as typhus and scarlet fever, he found numerous minute granules. Seeing them at first in such diseases, he thought they were probably fungoid in their nature; but, as he afterwards found them in cancer, phthisis, and emaciating diseases, and moreover observed that they are most abundant in the later stages of even the specific fevers, he concluded that their nature is different. He thinks that, in all probability, they are the products of the disintegration of the white blood corpuscles, and he would consequently name them disintegration corpuscles.

CORRESPONDENCE.

Amputation in Aged Subjects.

EDS. MED. AND SURG. REPORTER:—

Dr. H. A. Spencer, of Erie, Pa., gives, in the *REPORTER* of Oct. 11th, 1873, the report of a case of amputation, with recovery, in a patient 75 years of age. He reports the case on account of the age of the patient. A case of amputation of the leg, with recovery, occurred in my practice, in Erie Co., N. Y., in a patient aged 78 years and some months. On July 30th, 1867, I was called to see Mr. S. R. Russell, who had accidentally stood in the way of the knife of a mowing machine in motion, and one of his legs was cut off at about the junction of the lower and middle third. His son, who was riding the machine, had the presence of mind to grasp the stump, and, by compressing it with both hands, prevented bleeding. He held on while the patient was moved from the field to the house, and until my arrival, when I relieved him by application of the tourniquet, and proceeded at once to amputate. The patient was nearly killed by the chloroform, which was administered by an old physician

who happened to be passing, and was called in at the opportune moment. Stimulants, friction and artificial respiration revived him. Gangrene occurred in the stump after a few days, but yielded to bromine, Laboraque's solution, and yeast poultices. About three months afterwards, while trying to walk with crutches, he fell, striking on the hip opposite his injured side, and sustained an intra-capsular fracture of the femur. This did not kill him, and he lived until the Fall of 1872, when he died of epidemic acute dysentery.

R. J. CURTIS, M. D.

Joliet, Ill., Oct. 14, 1873.

NEWS AND MISCELLANY.

Corrigendum.

On page 241, 1st column, first line, for *hyperasthenia* read *hyperæmia*.

The Trials of Woman Doctors.

Dr. Eliza Walker has resigned the post of house surgeon to the Bristol (England) Hospital, for women and children. In consequence of her appointment all the medical officers resigned. In her letter to the committee she says she is convinced that her resignation alone can relieve the management of the hospital from serious embarrassment, and enable them to obtain the services of sufficient honorary medical officers. She regrets that she is compelled to take this step, not so much for herself as for the cause she represents.

An "Eminent" Physician in Louisville.

A physician of Vienna is stopping with a friend in Louisville, and thinks of locating there. The *Courier-Journal*, referring to this, pays the Louisville physicians a left-handed compliment, as follows:—

It is said that Dr. — thinks of becoming a citizen of Louisville, and it is quite to be hoped that he will do so, as he would be quite an acquisition to the medical profession of the city. The doctors of the Old World, unlike too many of them in this country, are almost invariably men of education and culture.

We should not be surprised to learn that the "eminent Dr. —" is an eminent quack!

—James Lewis Perkins, aged twenty-two years, eldest son of Dr. Lewis G. Perkins, of East Feliciana parish, went to Shreveport, at the end of August, to marry Miss Mattie Kirk, daughter of Mr. J. I. B. Kirk. The marriage took place on the 2d of September. Young Perkins was taken with the yellow fever, and died on the 11th, at his father-in-law's residence, in Bossier parish.

—At the semi-annual meeting of the Medical Association of the District of Columbia, held October 7, Dr. Flodoardo Howard was elected President, to fill the vacancy occasioned by the death of Dr. Thomas Miller. Dr. William G. Palmer was elected Vice President, to fill the vacancy occasioned by the election of Dr. Howard to the office of President.

—Miss Mary F. Wadsworth, M. D., who went to Constantinople a year or two ago, under the auspices of the Woman's Mission Board, has married a Protestant Russian physician, severed her connection with the missionary board, and removed to Broosa, where, with her husband, she is practicing her profession.

—Any one who visits Chilwald, England, can read in the cemetery the following epitaph:—

"Here lies me and my three daughters,
Brought here by using Seidlitz waters.
If we had stuck to Epsom salts,
We would'n have been in these here vaults."

OBITUARY.

DEATH OF DR. BERESFORD.

Dr. SAMUEL BARWICK BERESFORD died in Hartford, Conn., October 18th, aged sixty-seven years, after a protracted illness. Dr. BERESFORD came to Hartford with his father, who was a physician, more than forty years ago, from Bermuda, they being passengers in a brig which sailed from the port of Hartford. He was educated to the practice of medicine at the University of Edinburgh, and his professional services, after he became well established here, were extensively sought both in Hartford and through the State. He was consulted for advice by leading physicians and surgeons, and was generally recognized as among the leading practitioners of New England. In all his practice he made no distinction between calls from the rich and poor, promptly answering the summons of those in distress, however limited their pecuniary resources, and scores of the poorer classes in Hartford are living to-day who can bear testimony to his kind-hearted ministrations and generosity.

Outside of his profession, also, he displayed the characteristics of a cultivated gentleman. He was a devoted admirer and an extensive patron of art, and leaves behind him a rare collection of paintings and treasures of art which give testimony to his careful judgment and refined taste. It is doubtful if any man in the State surpassed him in his critical knowledge of art matters, more especially in all that related to the works of the masters.

Dr. BERESFORD went to Europe about two years ago for the benefit of his health, but returned suffering more prostration than when he left. Since then he has declined.

He leaves a wife and two daughters.

DR. WILLIAM HYDE,

Son of Dr. Wm. and Rhoda Hyde, was born at Stonington, Conn., October 27th, 1808; there

lived, and there, September 25th, 1873, he died. His early education was received at the Military School in Middletown, Conn. He began the study of medicine, at the age of seventeen, in his father's office; attended three courses of lectures at the Harvard Medical School, and graduated from that institution in 1880, the subject of his inaugural thesis being Puerperal Fever.

He immediately began the practice of his profession in company with his father, and rapidly won the confidence and esteem of the community. In 1841 he was attacked with pleurisy of the left side, from which he recovered with an imperfectly expanded lung and a considerably retracted chest-wall. From this time forth he was never quite well, and almost to the day of his death he labored on in his profession under physical embarrassments and sufferings which would have dismayed most of his patients, and in a manner which made him almost a marvel to his most intimate friends. His habits of close observation, his strong medical common sense, and his growing skill in therapeutics, had already gained him a more than local reputation, and he began to be frequently called in consultation to neighboring villages.

As foreshadowed in his thesis, his attention was specially drawn to woman and her diseases, and although ill-health for many years prevented him from doing much night work, his list of obstetric cases contains examples of nearly every variety of dystocia, while in the sister branch, gynecology, no physician in that section was so well or so favorably known as Dr. HYDE.

Dr. HYDE was a decidedly progressive and practical man. Possessed of an inquiring mind, and clear reasoning powers, he was quick to appreciate improvements, and kept himself constantly posted up, especially in matters pertaining to diagnosis and therapeutics. In several points of treatment he early adopted independent views which have been since confirmed by the profession at large, and it is to be regretted that the demands upon his time and feeble energies were so constant and so urgent as to have prevented him from putting upon paper the results of his wide experience.

He twice represented his town in the State Legislature, in 1849 and 1880, and while there obtained the charters of the Stonington Cemetery Association and the Stonington Savings Bank. He was the highly valued president of the latter institution from its beginning, and of the former from 1861 until his death. The cemetery grounds, where his remains now repose, present numerous evidences of his good taste and loving interest.

MARRIAGES.

BLOOD-GARDNER.—In New York, Oct. 9th, by Rev. Dr. J. Flagg, at the residence of the bride's parents, O. Howard Blood and Lulu E., daughter of Dr. A. K. Gardner, all of that city.

BURNETT-HODGSON.—On the 17th of September, Swan M. Burnett, M. D., of Knoxville, Tenn., and Miss Fannie E. Hodgson, late of Manchester, England.

COBB-GRAY.—At the residence of the bride's parents, at Cambridge, N. Y., Oct. 8th, 1873, by Rev. George T. Rider, M. L. Cobb, of Sing-Sing, N. Y., and Annie, daughter of Dr. H. C. Gray.

DAVIS-MCCAY.—September 25th, in the Presbyterian church of Blairsville, Pa., by the Rev. James Davis, assisted by the Rev. George Hill, D. D., Thomas D. Davis, M. D., of Dayton, O., and Lizzie D. McCay, daughter of the late Rev. David McCay.

GERHARD-PERFFER.—In this city, Oct. 4th, by the Rev. E. A. Wolf, at St. Mark's Church, P. Gerhard and Maria, daughter of the late Wm. Pepper, M. D.

HANDS-BEACH.—October 2d, 1873, by the Rev. Linus Parker, at the residence of Dr. E. D. Beach, the bride's father, Mr. George T. Hands, of Baltimore, Md., and Miss Mary E. Beach, of New Orleans.

KIRKE-SMYLIE.—Oct. 1st, at the house of the bride's father, James M. Smylie, by Rev. A. L. Brice, assisted by Rev. J. L. Hurlbut, Porter S. Kinne, M. D., of Paterson, N. J., and Amelia E. Smylie, of Lake View, N. J.

MCCORMICK-WOODBURY.—September 23d, by the Rev. E. W. Goodspeed, D. D., A. Y. McCormick, M. D., of Fowler, Illinois, and Fannie, only daughter of W. H. Woodbury, Esq., of Chicago, Illinois.

RESELL-SAOTWELL.—Oct. 1st, at Newport, R. I., by Rev. H. Stuart, Irving Restell, M. D., of Washington, D. C., and Gussie Shotwell, of New York.

THORP-SELLEW.—Oct. 2d, at the residence of the bride's parents, in Avondale, Cincinnati, by the Rev. C. E. Boynton, Dr. Abner L. Thorp and Emily Munson Sellow, daughter of Wm. Sellow.

DEATHS.

BOWMAN.—At Muncy, Penna. October 4th, 1873, Eleanor G., wife of James M. Bowman, and eldest daughter of Dr. J. H. T. and Elizabeth Ann Cockay, of Rye, N. Y.

BUSH.—Dr. Dudley Bush, of Lexington, Ky., eldest son of Dr. Jas. M. Bush, the eminent surgeon, died on the 1st inst.

BUNKER.—At the residence of her parents, Carthage, Ohio, Sept. 30th, Helen Grace, infant daughter of Dr. W. H. and Angeline C. Bunker, aged 1 month.

CASE.—Suddenly, in Albany, N. Y., Oct. 5, Anna, widow of the late Dr. J. H. Case, in the 63d year of her age.

CORSON.—Oct. 6th, A. Clarke Corson, M. D., aged 81 years. Buried in Hartford, Conn.

DOBRIIDGE.—At Orange, N. J., on the 10th inst., Henry A. Dobridge, M. D.

EVERSFIELD.—Oct. 6th, at North Conway, N. H., Dr. Charles Eversfield, Medical Director United States Navy.

FARLEY.—In this city, on the 13th inst., Dr. Wilson Joseph Farley, in the 68th year of his age.

GILLMAN.—In Cincinnati, Oct. 2d, Dr. P. T. Gillman, aged 37 years.

GRISWOLD.—The Cincinnati papers report the death, on the 6th inst., of Dr. Wayne Griswold, one of the eminent physicians of Ohio.

HADLOCK.—In Cincinnati, October 6, at 1 o'clock, A. M., after a painful illness of two and a half months, Mary E., wife of Dr. J. W. Hadlock, aged 32 years.

JONES.—In New Orleans, Oct. 10th, 1873, at 4 P. M., Dr. James Jones, born in Georgetown, D. C., and a resident of that city for the last forty-two years, aged 65 years, 10 months and 22 days.

REVERE.—Oct. 6th, at Tours, France, Dr. Fred. R. Revere.

RICHARDSON.—Died, in Hamlet, Chautauque Co., N. Y., Oct. 7th, Ethel Mary, daughter of Dr. Abner S. and Phebe M. Richardson, aged 5 months and 7 days.

ROBINSON.—August 31st, near Bethel, Hartford Co., Md., Dr. Joseph Robinson, in the 39th year of his age.

SCHMIDTKE.—In this city, on the 2d inst., Catharine K. Lynde, wife of Dr. Wm. Schmiedele.

VAN VLECK.—At his residence, in the City of Hudson, County of Columbia, N. Y., Oct. 2d, 1873, Dr. Henry H. Van Vleck, in the 63d year of his age.